Fairfax County Office for Children School Age Child Care

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FINANCIAL INFORMATION FORM

Mother's Name	Eathor's Namo	
Mother's Name		
Guardian/Contributing Household Member (Name & Relationship)		
Child(ren)'s Name(s)		
Cell # (Mother)	Cell # (Father)	
Work # (Mother)	Work # (Father)	
Billing Address	SACC Account #	
Email Address	SACC Center Name	
Household Income Information		
Pe	er Pay Period (gross)	Gross Annual Total
Mother's/Guardian's Salary weekly bi-weekly bi-monthly monthly \$		\$
Father's/Guardian's Salary weekly bi-weekly bi-monthly monthly	<u> </u>	\$
Alimony/Child Support weekly bi-weekly bi-monthly monthly \$		\$
Other Income (please explain)		\$
Gross Annual Household Total	(line 1)	\$
Deductions Number of children under the age of 18 in the household X \$3,700.00	(line 2)	(-) \$
Adjusted Income:	(line 1 minus line 2)	(=) \$
I certify that the above income information is a true and accurate statement of the financial status and composition of my household. I understand that giving inaccurate or erroneous information may result in loss of the SACC subsidy. I will notify SACC Registration within 10 days if there is any change in the information provided. I understand that any fee reduction resulting from changes in the household income information will become effective from the point of receipt forward, and will not be retroactive. I certify that I meet all the eligibility requirements for the SACC program.		
Parent/Guardian Signature	Date	





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